

Nick K. Choate, LPC-MHSP, NCC

THRIVE Counseling | Workshops
9025 Overlook Blvd, Suite 200
Brentwood, TN 37027
Office Phone – (615) 852-8281

HIPAA NOTICE OF PRIVACY PRACTICES AND COUNSELING POLICIES AND PROCESSES ACKNOWLEDGEMENT

Please **read** and **initial** next to each item and **sign** the form below.

_____ I acknowledge that I have received a copy of the **HIPAA Notice of Privacy Practices**. I understand that after I have read the notice I may address any questions to my therapist.

_____ I acknowledge that I have received a copy of the **Counseling Policies and Processes**. By signing below, I acknowledge having read, understood, and agreed to these policies and processes; including the financial agreement and issues of confidentiality.

_____ I give consent to contact my identified emergency contact in the event of a psychiatric emergency situation.

_____ I give consent to be contacted by my therapist by phone and email and that it is acceptable to leave a voice message for me on the number provided.

_____ I give consent to my therapist, Nick K. Choate, LPC-MHSP, NCC, to provide clinical treatment in the context of the counseling relationship.

Client Signature

Date

Signature of Legal Guardian of Client under the age of 16

Date

Therapist

Date